

# the CHAT study

Can healthcare assistant training improve the relational care of older people?

Questionnaire for patients recently discharged from wards participating in the CHAT study

For office use only	
Participant identifier	
Ward identifier	
Trust identifier	
Issue number	
Researcher contact telephone number	

**Section 1.**

This questionnaire is about your recent hospital experience and your current health. It will take you approximately 15 minutes to complete. Your participation is very important to us.

For this study we are particularly interested in your experience of Healthcare Assistants (HCAs). Most commonly, HCAs work alongside nurses. They are also sometimes known as healthcare support workers, nursing auxiliaries or auxiliary nurses. They perform much of the everyday care that patients experience. The types of duties they perform include washing and dressing, serving patients' meals, assisting with feeding, helping people to mobilise, toileting, bed making, generally assisting with patients' overall comfort, monitoring patients' conditions by taking temperatures, pulse, respirations and weight.

From discussions we have had with patients we know that it can be very difficult to tell the difference between HCAs and registered nurses. Therefore, in the following questionnaire, we refer to the staff who helped you with everyday care duties as 'nursing staff'.

We have provided an example of how to complete this section of the questionnaire. We would like you to tick the response that applies. If you would like to comment about your experiences, please use the comments boxes provided or use additional sheets.

***For example:***

	All	Most	Some	None	Comments
Nursing staff have told me how I can contact them if I need assistance.			v		

Thinking about the nursing staff that helped you with everyday tasks please complete the following:

	All	Most	Some	None	Comments
Nursing staff told me that they were there to help me.					
Nursing staff told me how I could contact them if I need assistance.					
Nursing staff appeared confident and able to perform specific tasks when caring for other patients or me.					
I had the opportunity to get to know nursing staff as people.					
Nursing staff used opportunities to get to know me as a person.					
Nursing staff responded quickly and effectively to requests for assistance.					
On most occasions I had previously met the nursing staff that were caring for me.					
Nursing staff explained with openness and honesty what was happening and what to expect.					
Nursing staff used appropriate eye contact when communicating with me.					
Nursing staff were neither too close or too far away when they communicated with me.					
Nursing staff used an appropriate tone of voice when they communicated with me.					
Nursing staff displayed gentleness and concern when they cared for me.					
Nursing staff encouraged me when I needed support.					
I felt that nursing staff really listened to me when I talked.					
The care that I received from nursing staff exceeded my expectations.					
Nursing staff used appropriate facial expressions when communicating with me.					
Nursing staff engaged me in chat and social topics of conversation at suitable times.					

## Section 2.

We would like you to tell us about how you felt generally during your stay in hospital. Please tick the box that most closely describes how you felt.

**For example:**

	Always	Mostly	Some-times	Never	Comments
I felt I had the contact and support from nursing staff that I have needed.			√		

Thinking about your recent hospital stay please complete the following:

	Always	Mostly	Some-times	Never	Comments
I felt secure					
I felt I had the contact and support from nursing staff that I needed.					
I felt informed. I knew what was happening, what I needed to do and what to expect.					
I felt valued as a person.					



**Health Questionnaire**

**English version for the UK**

Sample

Under each heading, please tick the ONE box that best describes your health TODAY.

### **MOBILITY**

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

### **SELF-CARE**

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

### **USUAL ACTIVITIES** (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

### **PAIN / DISCOMFORT**

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

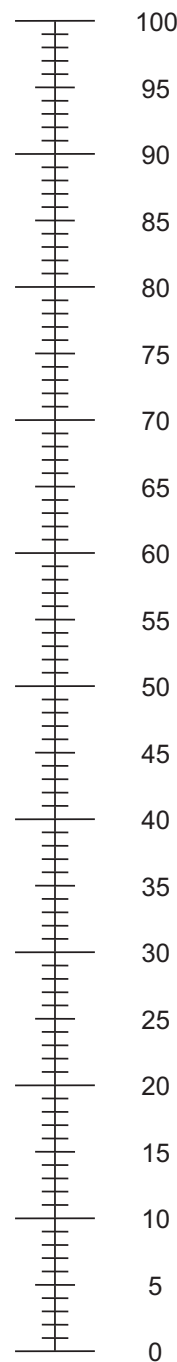
### **ANXIETY / DEPRESSION**

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.  
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The best health  
you can imagine



The worst health  
you can imagine

Please seal the completed questionnaire in the envelope provided and return it by post. However, if you do not want to take part then it would be helpful if you could return the uncompleted questionnaire.

**We really do appreciate the help that you have given us with our research.**

**Thank you.**